

**BUILDING DEPARTMENT INFORMATION
REGARDING CORNELIA WARREN FARM AND FIELD HOUSE
240 BEAVER STREET**

STREET: 240 Beaver Street

LOT NO:

DATE	OWNER	PROPOSED WORK	AMOUNT	PLAN NO.
5/19/22	Grow Native Mass	Erect temporary 20'x30' temporary tent	P202241985	\$1,200.

P20224(985)

RECEIVED

WALTHAM BLDG. DEPT.

MAY 18 2022

Received By: JM



City of Waltham Application for Permit 119
School Street
Waltham, MA 02451
Telephone 781-314-3275

DATE RECEIVED

APPLICATION TO CONSTRUCT, REPAIR, RENOVATE, CHANGE THE USE OR DEMOLISH A ONE OR TWO FAMILY DWELLING

This Section For Official Use Only

Building Permit Number: 119

Date Issued: 5/19/22

Signature: John M. Johnson

Building Commissioner/Inspector of Buildings

Date: 5/19/22

SECTION 1 – SITE INFORMATION

1.1 Property Address

240 Beaver St
Waltham, MA

1.2 Assessors Map & Parcel Number:

Map Number

Parcel Number

1.3 Zoning Information:

1.4 Property Dimensions:

Zoning District

Proposed Use

Lot Area (sf)

Frontage (ft)

1.6 Building Setbacks (ft)

Front Yard

Side Yard

Rear Yard

Required

Proposed

Required

Proposed

Required

Proposed

1.7 Water Supply (M.G.L. c. 40, § 54)

Public

Private

1.5 Flood Zone Information:

Zone:

Outside Flood Zone

1.8 Sewage Disposal System:

Municipal

On site disposal system

SECTION 2 – PROPERTY OWNERSHIP/AUTHORIZED

2.1 Owner of Record:

Name (Print)

Grace Native Mass 240 Beaver St.

Address for Service

Signature

Telephone

2.2 Authorized Agent

Name (Print)

Address

Signature

Telephone

SECTION 3 – CONSTRUCTION SERVICES

3.1 Licensed Construction Supervisor:

ATLantic Tent Rental, Inc.

Licensed Construction Supervisor:

Barry Perla

Not Applicable

License Number

Expiration Date

Address

12 Middle St. Lexington

Signature

Barry Perla

Telephone 978-342-3222

3.2 Registered Home-Improvement Contractor:

Not Applicable

Company Name

Registration Number

Address

Expiration Date

Signature

Telephone

SECTION 4 – WORKERS' COMPENSATION INSURANCE AFFIDAVIT (M.G.L. c. 152 § 25C(6))

Workers Compensation Insurance affidavit must be completed and submitted with this application. Failure to provide this affidavit will result in the denial of the issuance of the building permit.

Signed Affidavit Attached Yes... No...

SECTION 5 – DESCRIPTION OF PROPOSED WORK (check all applicable)

New Construction <input type="checkbox"/>	Existing Building <input type="checkbox"/>	Repair(s) <input type="checkbox"/>	Alteration(s) <input type="checkbox"/>	Addition <input type="checkbox"/>
Accessory Bldg. <input type="checkbox"/>	Demolition <input type="checkbox"/>	Other <input checked="" type="checkbox"/> Specify: <i>temporary tent</i>		
Brief Description of Proposed Work: <i>plant sale under tent</i> <i>#4 20x30</i>				

SECTION 6 – ESTIMATED CONSTRUCTION COSTS

Item	Estimated Costs (Dollars) to be Completed by permit applicant	Official Use Only	
1. Building	\$ 1,200.00	(a) Building Permit Fee Multiplier \$12.00/\$1,000.00	
2. Electrical		(b) Estimated Total Cost of Construction from (6)	
3. Plumbing		Building Permit Fee* (a) x (b)	
4. Mechanical (HVAC)			
5. Fire Protection			
6. Total = (1+2+3+4+5)	\$ 1,200.00	Check Number	2640

SECTION 7a – OWNER AUTHORIZATION – TO BE COMPLETED WHEN OWNERS AGENT OR CONTRACTOR APPLIES FOR BUILDING PERMIT

I, _____, as Owner of the subject property
hereby authorize _____ to act on
my behalf, in all matters relative to work authorized by this building permit application.

Signature of Owner

Date

SECTION 7b – OWNER/AUTHORIZED AGENT DECLARATION

I, Barry Perla, as Owner/Authorized Agent

Hereby declare that the statements and information on the foregoing application are true and accurate, to the best of my knowledge and belief.

Signed under the pains and penalties of perjury.

Barry Perla

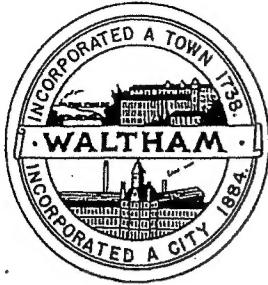
Print Name

Barry Perla

5/18/22

Signature of Owner/Agent

Date



City of Waltham

Massachusetts

Building Department

*Office of Building Commissioner
Superintendent of Buildings*

In accordance with the provisions of MGL c40.S 564 a condition of Building Permit Number _____ is that the debris resulting from this work shall be disposed of in a properly licensed solid waste disposal facility as defined by MGL c111.S 150A.

The debris will be disposed of in

n/a

Location of Facility



Signature of Permit Applicant

5/18/23

Date

Certificate of Flame Resistance

REGISTERED
APPLICATION
CONCERN NO.

CAL COMB F-419.01

AZTEC TENTS
490 ALASKA AVENUE
TORRANCE, CA 90503
(800)228-3687

Date treated or
manufactured

08/28/2013

This is to certify that the materials described below hereof have been flame retardant treated (or are inherently nonflammable).

FOR Atlantic Tent Rental

12 Middle St.

Leominster, MA 01453



Certification is hereby made that: (check "a" or "b")



(a) The articles described below this certificate have been treated with a flame retardant chemical approved and registered by the State Fire Marshal and that the application of said chemical was done in conformance with the laws of the State of California and the Rules and Regulations of the State Fire Marshal.
Name of chemical used _____ Chem. Reg. No. _____
Method of application _____



(b) The articles described below hereof are made from a flame -resistant fabric or material registered and approved by the State Fire Marshal for such use; Fabric has been tested and passes NFPA701-96.
Trade name of flame-resistant fabric or material used _____ Reg. No. _____ F-419.01

The Flame Retardant Process Used WILL NOT Be Removed by Washing
(will or will not)

David Bradley

Name of Applicator or Production Superintendent

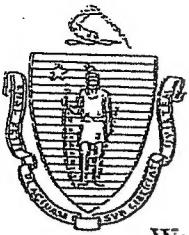
Chuck Miller - President

Title

CUSTOMER ORDER NO.

ITEMS MANUFACTURED:

20 X 30



The Commonwealth of Massachusetts
Department of Industrial Accidents
1 Congress Street, Suite 100
Boston, MA 02114-2017

www.mass.gov/dia

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers
TO BE FILED WITH THE PERMITTING AUTHORITY.

Applicant Information

Please Print Legibly

Name (Business/Organization/Individual): ATLantic Tent Rental, Inc

Address: 12 middle st

City/State/Zip: Leominster, MA Phone #: 978-534-2322

Are you an employer? Check the appropriate box: 07853

- I am an employer with 6 employees (full and/or part-time).*
- I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.]
- I am a homeowner doing all work myself. [No workers' comp. insurance required.] †
- I am a homeowner and will be hiring contractors to conduct all work on my property. I will ensure that all contractors either have workers' compensation insurance or are sole proprietors with no employees.
- I am a general contractor and I have hired the sub-contractors listed on the attached sheet. These sub-contractors have employees and have workers' comp. insurance. †
- We are a corporation and its officers have exercised their right of exemption per MGL c. 152, §1(4), and we have no employees. [No workers' comp. insurance required.]

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

† Homeowners who submit this affidavit indicating they are doing all work and then hire outside contractors must submit a new affidavit listing such.

‡ Contractors that check this box must attach an additional sheet showing the name of the sub-contractors and state whether or not those contractors have employees. If the sub-contractors have employees, they must provide their workers' comp. policy number.

Type of project (required):

- New construction
- Remodeling
- Demolition
- Building addition
- Electrical repair or additions
- Plumbing repair or additions
- Roof repairs
- Other Temporary Tent

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy/job site information.

Insurance Company Name: WESCO INS CO

Policy # or Self-ins. Lic. #: UMC 35F4279 Expiration Date: 5/28/23

Job Site Address: 240 Beaver St

City/State/Zip: Leominster, MA

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under MGL c. 152, §25A is a criminal violation punishable by a fine up to \$500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. A copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature: Barry Park Date: 5/18/23

Phone #: 978-534-2322

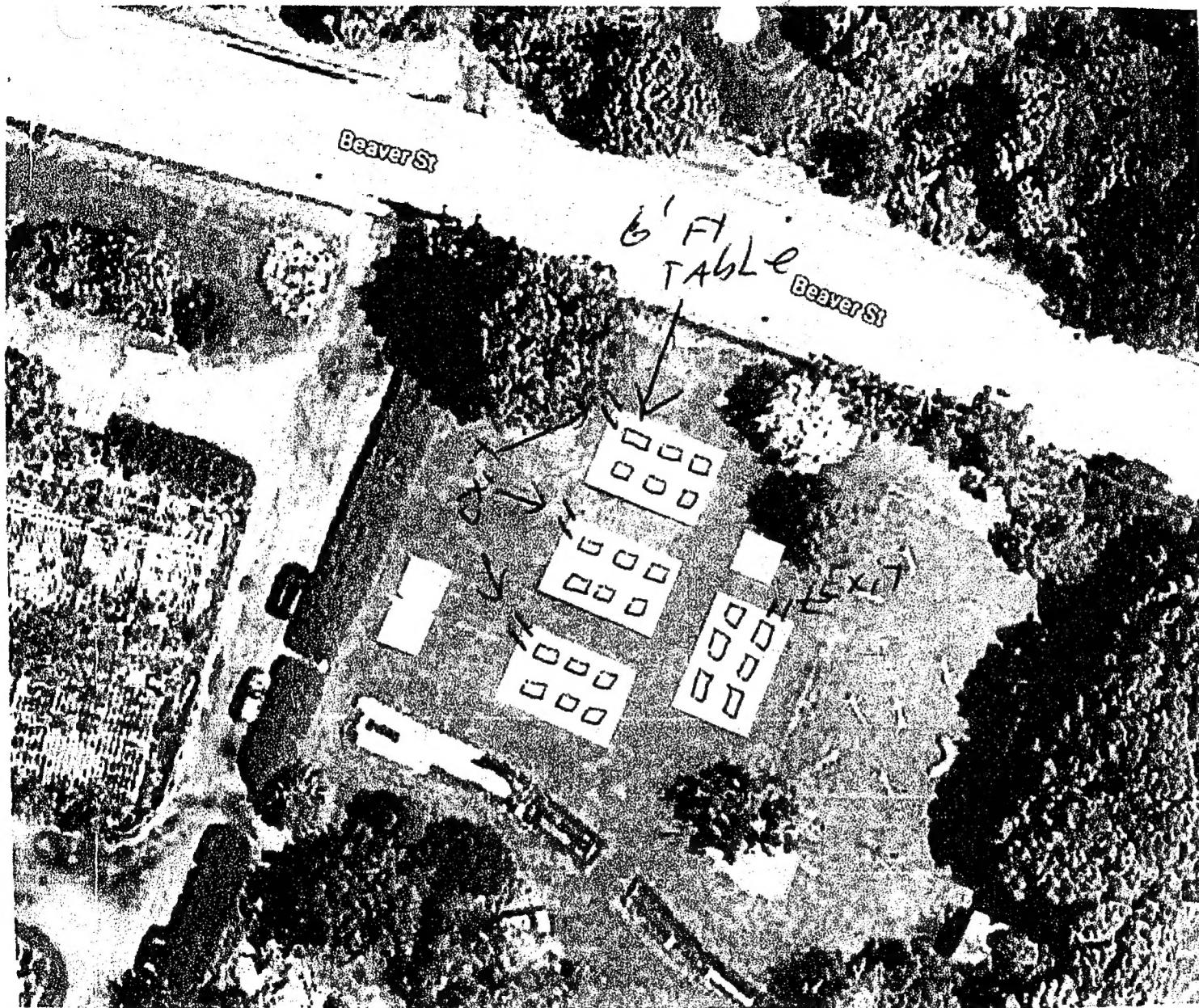
Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ Permit/License #: _____

Issuing Authority (circle one):

1. Board of Health
2. Building Department
3. City/Town Clerk
4. Electrical Inspector
5. Plumbing Inspector
6. Other _____

Contact Person: _____ Phone #: _____



TENT PLAN REVIEWED	
WHO CONDUCTED THE REVIEW	
SUBJECT TO FIELD INSPECTION	
DATE	
DETAIL REQUIRED	
Waltham Fire Department	
Fire Prevention Bureau	

6-12-22
10/22

Helene Sroat
Office Manager
Grow Native Massachusetts

Every garden matters ~ Every landscape counts®

there are no sidewalks
so they can exit anywhere
under tent

Certificate of Flame Resistance

REGISTERED
APPLICATION
CONCERN NO.

CAL GOMB F-419.01

AZTEC TENTS
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TORRANCE, CA 90503
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FOR Atlantic Tent Rental

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Leominster, MA 01453



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Method of application _____



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(will or will not)

David Bradley

Name of Appicator or Production Superintendent

Chuck Miller - President

Title

CUSTOMER ORDER NO.

ITEMS MANUFACTURED:

20 X 30



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/29/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERs NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER CA LIC 0B29370 1-925-798-3334
Edgewood Partners Insurance Center (EPIC)
[Concord Programs Group - Branch 15558]
P.O. Box 5668

Concord, CA 94524

INSURED
Atlantic Tent Rental Co.
12 Middle St.
Leominster, MA 01453

CONTACT NAME: Samantha Stuart	FAX (A/C. No.): 925-609-5531
PHONE (A/C. No. Ext):	
E-MAIL ADDRESS: certificatesprorental@epicbrokers.com	
INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: ARCH INS CO	11150
INSURER B: WESCO INS CO	25011
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

COVERAGES CERTIFICATE NUMBER: 65305369

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL (INS'D W/WD)	SUBR (INS'D W/WD)	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	COMMERCIAL GENERAL LIABILITY			PRPKG0090203	08/23/21	08/23/22	EACH OCCURRENCE	\$ 1,000,000	
	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Each occurrence)	\$ 300,000	
							MED EXP (Any one person)	\$ 10,000	
	GEN1 AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY	\$ 1,000,000	
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE	\$ 2,000,000	
	OTHER:						PRODUCTS - COMP/OP AGG	\$ 2,000,000	
								\$	
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Each accident)	\$	
	ANY AUTO						BODILY INJURY (Per person)	\$	
	OWNED AUTOS ONLY	<input checked="" type="checkbox"/>	SCHEDULED AUTOS				BODILY INJURY (Per accident)	\$	
	Hired AUTOS ONLY	<input type="checkbox"/>	NON-OWNED AUTOS ONLY				PROPERTY DAMAGE (Per accident)	\$	
								\$	
	UMBRELLA LIAB		OCCUR				EACH OCCURRENCE	\$	
	EXCESS LIAB		CLAIMS-MADE				AGGREGATE	\$	
	DED		RETENTIONS					\$	
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	<input checked="" type="checkbox"/> Y/N	N/A	WMC3584279	05/28/22	05/28/23	<input checked="" type="checkbox"/> PER STATUTE	OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	<input type="checkbox"/>					E.L. EACH ACCIDENT	\$ 1,000,000	
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000	
A	Equipment Floater			PRPKG0090203	08/23/21	08/23/22	Special Form	448,000	
							Replacement Cost	1,000 Ded	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Evidence of Coverage ONLY

CERTIFICATE HOLDER

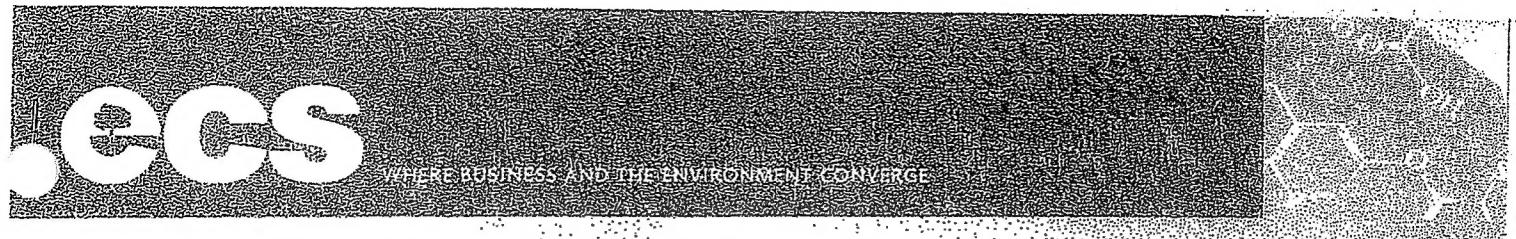
CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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588 Silver Street, Agawam, MA 01001 tel 413.789.3530 fax 413.789.2776 www.ecsconsult.com

Received

OCT 13 2009

Via Certified Mail

Mayor Jeanette McCarthy
City of Waltham
610 Main Street
Waltham, MA 02452

October 7, 2009
Project No. 01-207783
Document No. 38303

Mayor's Office

RE: Parcel 1
240 Beaver Street
Waltham, Massachusetts
RTN 3-29048, 3-28049 & 3-28050

Dear Board of Selectmen:

On behalf of University of Massachusetts Environmental Compliance Services, Inc. (ECS) submitted a **Response Action Outcome (Boiler House & Fly Ash Area) and Phase I Initial Site Investigation & Tier Classification** to the Massachusetts Department of Environmental Protection (MassDEP) on October 5, 2009. A copy of the report can be obtained by contacting the Department of Environmental Protection, 205B Lowell Street, Wilmington, MA 01887. If you should have any questions concerning this submittal, please do not hesitate to contact our office.

Sincerely,
ENVIRONMENTAL COMPLIANCE SERVICES, INC.

Bruce Tease, Ph.D, LSP, PG
Senior Environmental Professional

BET/kab

cc: Board of Health - Via Certified Mail
MassDEP - Via Certified Mail

REC'D BY

Board of Health
Mass DEP